

## APPLICATION DATA SHEET

### APPLICATION INFORMATION

Application Type::	REGULAR
Subject Matter::	UTILITY
CD-ROM or CD-R?::	NONE
Title::	SURGICAL INSTRUMENT AND METHOD
Attorney Docket Number::	239570US 25 CONT
Total Drawing Sheets::	59

### INVENTOR INFORMATION

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	USA
Status::	FULL CAPACITY
Given Name::	Kimberly
Middle Name::	A.
Family Name::	Anderson
City of Residence::	Eagan
State or Province of Residence::	Minnesota
Country of Residence::	USA
Street of Mailing Address::	c/o American Medical Systems 10700 Bren Road West
City of Mailing Address::	Minnetonka
State or Province of Mailing Address::	Minnesota
Country of Mailing Address::	USA
Postal or Zip Code of Mailing Address::	55343

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Germany
Status::	FULL CAPACITY
Given Name::	Johann
Middle Name::	J.
Family Name::	Neisz
City of Residence::	Coon Rapids
State or Province of Residence::	Minnesota
Country of Residence::	USA
Street of Mailing Address::	c/o American Medical Systems 10700 Bren Road West
City of Mailing Address::	Minnetonka
State or Province of Mailing Address::	Minnesota
Country of Mailing Address::	USA
Postal or Zip Code of Mailing Address::	55343
Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	USA
Status::	FULL CAPACITY
Given Name::	Gary
Middle Name::	A.
Family Name::	Rocheleau
City of Residence::	Maple Groove
State or Province of Residence::	Minnesota
Country of Residence::	USA
Street of Mailing Address::	c/o American Medical Systems 10700 Bren Road West
City of Mailing Address::	Minnetonka
State or Province of Mailing Address::	Minnesota
Country of Mailing Address::	USA
Postal or Zip Code of Mailing Address::	55343

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: USA  
Status:: FULL CAPACITY  
Given Name:: John  
Middle Name:: W.  
Family Name:: Westrum  
Name Suffix:: Jr.  
City of Residence:: Prior Lake  
State or Province of Residence:: Minnesota  
Country of Residence:: USA  
Street of Mailing Address:: c/o American Medical Systems  
10700 Bren Road West  
City of Mailing Address:: Minnetonka  
State or Province of Mailing Address:: Minnesota  
Country of Mailing Address:: USA  
Postal or Zip Code of Mailing Address:: 55343

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: USA  
Status:: FULL CAPACITY  
Given Name:: David  
Middle Name:: R.  
Family Name:: Staskin  
City of Residence:: Boston  
State or Province of Residence:: Massachusetts  
Country of Residence:: USA  
Street of Mailing Address:: c/o American Medical Systems  
10700 Bren Road West  
City of Mailing Address:: Minnetonka  
State or Province of Mailing Address:: Minnesota  
Country of Mailing Address:: USA  
Postal or Zip Code of Mailing Address:: 55343

#### CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 22850

#### REPRESENTATIVE INFORMATION

Representative Customer Number:: 22850

#### DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
<del>This Application</del>			

	Continuation of	09/917,445	07/27/01
09/917,445	Non-Provisional of	60/263,472	01/23/01
09/917,445	Non-Provisional of	60/269,829	02/20/01
09/917,445	Non-Provisional of	60/281,350	04/04/01
09/917,445	Non-Provisional of	60/295,068	06/01/01
09/917,445	Non-Provisional of	60/306,915	07/20/01

#### ASSIGNMENT INFORMATION

Assignee Name:: American Medical Systems  
 Street of Mailing Address:: Office of Intellectual Property Counsel  
 10700 Bren Road West  
 City of Mailing Address:: Minnetonka  
 State or Province of Mailing Address:: Minnesota  
 Country of Mailing Address:: USA  
 Postal or Zip Code of Mailing Address:: 55343